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CANCER OF THE PENIS.

FROM THE "CLINICA" OF PLACIDO PORTAL.

[Translated for the Boston Medical and Surgical Journal.]

ALTHOUGH cancer may arise spontaneously in the penis, from a cancerous diathesis, as happens in other organs, yet it is frequently the result of some other affection, counterfeited and degenerated through the negligence of the patient, the abuse of coition, or by improper treatment. It requires, therefore, the closest attention of the skilful surgeon to distinguish this from the other diseases which imitate it, especially the syphilitic. It being necessary, however, to proceed promptly to the extirpation of the cancerous tissue, before the absorption of the sanies produces a general infection, we must carefully compare the peculiarities of other ulcers infecting these parts, with those of cancer, which, indeed, does not present forms so ambiguous but that it may be diagnosed with certainty. As long as the disease, either under the form of a hard, fissured swelling, or of an indurated fungous ulcer, remains local, and is limited to the subjacent cellular textures, the extirpation of merely the part affected is always successful; and to proceed imprudently to the complete amputation of the penis, can avail no more than the partial operation, namely, a radical cure. But if the cancer has attacked the fibrous envelope of the corpus cavernosum, even though the substance be clear, the amputation of the entire member becomes indispensable. The malady is sometimes reproduced after this operation. This, however, only happens when it is diffused through the whole system, and has taken the character of a general affection. Such a diffusion, taking place through a cancerous swelling of the inguinal or anal glands, or by the extension of the mischief to the base of the penis, is always a powerful reason with the surgeon against any operation whatever.

In general, the cancerous ulcer of these parts attacks the old rather than the young. In the former, the diminished volume of the organ allows the prepuce to become lengthened, and this part usually wanting cleanliness, readily becomes œdematous and ecchymosed: these ecchymoses, the dripping of the urine slowly discharged, and its acrimonious nature, tend continually to increase, the frenum swelling, and complete phymosis being produced. The urine and the want of cleanliness then acting with a constantly increasing effect upon the glans, or upon the in-

flamed prepuce, give rise to an incurable malady, in the form of cancer, called, properly, carcinomatous ulcer of the penis, and which is curable only by a surgical operation. This frequently happens, also, in those who bear a congenital phymosis; and in some, besides the above-mentioned causes and venereal mischiefs, the greater sensibility of the glans, or of the internal face of the prepuce, more readily gives occasion to cancer.

Case 1st. *Amputation of the Penis.*—Antonio Arena, having arrived at the age of puberty, and being naturally inclined and excessively addicted to venery, contracted primary syphilis. Instead, however, of attempting to rid himself of the disease, he nourished it by coition, and had intercourse with infected persons until some ulcers of a phagadenic character made their appearance upon the glans. These resisted every curative means, and the tissues of the penis constantly wasting, it became necessary, as a last resource, to make a partial removal of the glans. Being thus cured of this serious difficulty, Arena recommenced the abuse of coition with more ardor than before, wholly regardless of consequences. By this course he contracted new disease, which taking the same form as before, soon assumed all the characters of a carcinomatous affection. Indeed, when I first saw the patient, the ulcers upon the remaining portion of the glans were so deepened and degenerated, as to offer altogether this character. The man, although by his natural conformation of a strong fibre, yet found himself emaciated and weak; and a slight fever constantly attacked him towards nightfall, with wandering pains over his whole body. These were signs of a general infection, and I hesitated, therefore, at first, as to an operation; but I confided in the idea that, though these ulcers had, by the influence of such causes, degenerated and become carcinomatous, yet it might happen well to change the nature of the locality, while the simple venereal taint predominated in the whole system. I was the more encouraged, as neither the glands of the groin nor of the anus were at all involved. For these reasons I advised the amputation of a large part of the penis, which was executed as follows.

Having arranged the apparatus, and having placed the patient horizontally upon a bed, I committed to an assistant the root of the member, with a suitable portion of skin, and, using a knife with a straight and long blade, I cut with one stroke perpendicularly through the organ three lines below the base of the glans. Having tied the two dorsal arteries, and the two cavernosæ, I introduced a catheter of gum elastic into the bladder, and carried down the ends of the ligatures, and covering the wound with lint, I secured the whole by a suitable bandaging. The patient, after this operation, was submitted to an external mercurial treatment, by which he sensibly improved, became better nourished, the wound healed, and the general morbid phenomena of confirmed lues entirely disappeared.

This individual, however, being possessed, as I have said, by an irrepressible desire for venery, new and inevitable misfortunes awaited him. Caring nothing for the disgrace he incurred, he again gave himself up to the most abandoned debauchery. He soon, therefore, contaminated

himself with new and serious maladies, which after a time dragged him miserably to the grave. Before this took place, however, a partial removal of the penis was practised upon him for the third time.

Case 2d. A monk, Peter, had a congenital phymosis which in adult age was little or no hindrance to coition. At the age of 55 he began to suffer from a pruriginous herpes upon the glans and prepuce, which at times was so troublesome, by its intense itching, as to prevent sleep. Having for this difficulty employed much counsel, and many remedies internally and locally, he went at last to a surgeon, who made an incision along the prepuce, in order to dilate the aperture. This operation was followed after a time by a strong irritation in the part, and this disappearing, there was discovered a small excrescence upon the right lateral and lower portion of the glans. To get access to this it was necessary to continue farther the first incision, and thus being exposed, it was easily and entirely removed. The wound which resulted from this operation, resisted curative means, began to degenerate, and a year afterwards put on the aspect of a cancerous ulcer. The most diligent treatment was employed internally, and escharotics and tonics locally, but all produced no effect; or rather the latter greatly increasing the inflammatory nature of the malady, rendered it more malignant and extended. At this stage I visited the patient. The cancerous ulcer extended over all the upper surface of the glans and prepuce. Its margin was irregular and indurated, much elevated, and from its pallid and irregular centre a sanious and offensive matter constantly drained. In the right groin there was a gland enlarged to the size of an almond. The patient was somewhat fat, but of a feeble and lax fibre. A continual fever, with a red tongue and burning thirst, complicated the local malady. A strict antiphlogistic treatment, internal and external, quickly calmed this local and general phlogosis, so that after a few days he was in a state to admit of the performance of amputation of the organ. This was executed, in my presence, by the attending surgeon.

Excepting an obstinate hæmorrhage, occasioned by the excessive dilatation of the bloodvessels distributed in the fibrous tissue of the corpora cavernosa, which was soon arrested with the actual cautery and moderate pressure, the operation was complicated with no inconvenience, and the patient gradually improving, in less than a month the wound was entirely healed.

Twelve days after the cicatrization of the wound, a slight inflammation manifested itself in a gland of the groin, the skin covering it became of a pale rose color, and some twinges of pain were experienced. In vain the patient employed local antiphlogistics, the gland increased in volume, and finally opened at the lower part, discharging a small quantity of sanious and foul matter. After some days the aperture enlarged, and became an ulcer of a cancerous nature. In this state the actual cautery being freely applied to the affected part, failed to produce those favorable results which some have recently proclaimed for it. At the separation of the eschar, the lesions caused by the burning iron reduced themselves into ulcers, and a severe inflammation invested the whole groin. The wound became, by the suppuration which ensued, larger

and deeper, was covered by a morbid vegetation, and intersected by large fissures, was very sensitive to the contact of the lint, and wept a very fœtid sanies. A continual and intense fever exhausted the strength of the patient daily, and, tormented by day with constant thirst, and by night with wandering pains, he found no repose. At this critical time, a severe local and general antiphlogistic treatment rendered his situation less painful, and gave hopes for the future. Straitened circumstances now compelled the sufferer to seek an asylum in the hospital, where the disease being treated rather in an exciting than soothing manner, displayed its malignant and fatal character. The extending ulcer penetrated, by a gangrenous process, the abdominal cavity; and the patient, consumed by fever and pain, and suffering lesions in organs so important, was forced to succumb.

MUSIC IN SCHOOLS.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—As a Bostonian, I have been much interested in the proposed experiment of introducing musical instruction into the public schools, as a liberal measure, promising good results in several ways. But as a member of the profession, I regard it with interest in its hygienic relations to a numerous class of the community, and eventually to all.

The circumstances under which children attending school are, by the necessary regulations, unavoidably placed during school hours, are very remarkable; and though they have often occupied the attention of the physiologist, are still too much neglected. Here we have children kept for a fourth or fifth part of the twenty-four hours as nearly motionless, so far as their bodies are concerned, as the efforts of the instructers, striving against the impatience of nature and of their inclinations, can make them. There are intermissions of this constraint, indeed, which are arranged as judiciously, without doubt, as the present system will admit. But these occasional outlets for the accumulated energies of the body, though invaluable, are not what we should desire. They are altogether too short to answer the desired end; and, again, the impetuous and unnatural activity with which the interval is filled up, is as inconsistent with the perfection of the vital processes, as the opposite extreme. The grand desideratum, therefore, if it be necessary to continue the time of confinement at school the same as now, must be something to relieve the dulness and oppressive inactivity of school hours on the one hand, and thereby moderate on the other hand the violence of excitement and exertion during play hours. This desideratum the introduction of singing promises, at least in some small measure, to supply. And the advantages of even a small acquisition in this way, if it become general (and for this I have no fear), will be incalculable. Nor will the gain of healthy exercise and relaxation be so small as we should at first view suppose. Under the circumstances of the schoolroom, the mere change of situation and object of attention is something; but that the absolute exercise—the consumption of nervous and muscular energy in

even half an hour of disciplinary practice in singing, is very considerable, no one will deny who is acquainted with the modern thorough mode of teaching. Few kinds of exertion call into action *so much muscle at once* as singing; which brings into moderate action (these muscles being designed never to be exhausted, cannot be urged to violent effort) all the principal and auxiliary muscles of respiration. At the same time the viscera both of the thorax and abdomen, are all subjected to a vigorous action in the highest degree salutary and natural. This must be a great relief and aid to the vital functions when embarrassed by the constrained positions of the schoolroom. Again, there seems nothing irrational in the position assumed by the advocates of singing, that it fortifies the lungs, when not already morbidly disposed, against disease; on the contrary, it is highly probable that the noted increase in their capacity, and the temporary vigor conferred by it, may be connected with a permanently improved development, by which fatal diseases shall be resisted.

We must add to these advantages of singing in schools, the peculiar manner in which it exercises and awakens the attention, and the pleasant, yet harmless exhilaration which it must afford, thus acting like a safety valve upon the animal spirits, otherwise waiting to explode in uproar and mischief. The moral effects which must follow in the execution of the proposed plan, from the union of voices in harmony as opposed to discord, well deserves attention; but they cannot probably be fully appreciated till seen and felt. The subject at present might seem to be one of local interest only, but I conceive it to be far otherwise. I confidently look upon the experiment here as a starting point, from which will proceed results that will rapidly become as universal as they will be important in their bearings. And I earnestly hope that the attention of the profession generally will be directed to it as the germ of a more complete system of *general* education, in the future development of which they will be peculiarly called upon to give their aid.

Yours respectfully,

Boston, Nov. 10, 1837. L. C.

AMERICAN CRANIA.

[At the late meeting of the medical section of the British Association, in Liverpool, Dr. Warren, of this city, made the following remarks, as published from the notes of a stenographer; but they are not, we are informed, exactly reported. Probably a more precise account will be published hereafter.]

Dr. Warren, of Boston, U. S., was called on for his paper on "Some remarks on the crania of the Mound Indians of the interior of North America, as compared with the crania of the South American Indians of Peru." As a stranger, though not exactly a foreigner, he felt it his duty, for the very valuable information he had received at the meetings of that section of the association, to make some contribution towards the facts which the British Association had so sedulously collected. There

were some facts peculiar to that part of the world in which he resided which, of course, could not come within the cognizance of the members of the association, and he would endeavor to state them; whether they would be considered important or not, would be for their consideration. A considerable number of years ago, he accidentally came into possession of a cranium which struck him as an extraordinary one, and on examination he found that it differed from the crania of all the well-known races, and the individual nations composing those races. He was led by this to make some inquiry into its history, and he ascertained that it came from the banks of the Ohio river, far back in America, in what was called the Western Country, and that it was discovered in a cavern on the top of a high and almost inaccessible rock, at the distance of about forty or fifty feet from the banks of the Ohio, by some hunters pursuing an animal, which took refuge in the cave. They there found the scull and the other bones of the body, in a fine state of preservation. The bones were so situated that they might have been there for several ages without decomposition, the calcareous rock which formed the bottom of the cavern, absorbing all moisture. From the inaccessibility of the place in which they were found, it was probable that they had remained there for centuries. It was natural to suppose that this head must have been one of the aboriginal Indians of North America; but, on examination, he ascertained that such was not the fact, its whole structure being different from the Indian crania. He suspected that it might have connection with those races which had been discovered to be deposited in the ancient works or mounds of North America, and he soon obtained heads from that part of the country, and satisfied himself of the fact. He would presently state the particulars in which they differed from other heads. They had frequently heard of the mounds in the interior of North America. They were exceedingly curious, and many of them were found in wilds which had scarcely been trod by the foot of civilized man, and were covered with immense forests. They found elevations of earth which were quite extraordinary, and would be so even in any country. These mounds were covered by immense trees, and the observer was struck at once with the great antiquity which must belong to them. There were different kinds of mounds. There were some which had a great resemblance to fortifications, regularly made and of considerable extent. There was one at Circleville which was more than a mile in circumference, and which was surrounded by a wall or fortification, about thirty feet in height, with regular openings in different parts of it, and these openings guarded by interior works, similar to those in fortifications in the present day. These mounds were generally situated near the confluence of important rivers; there was one at the conflux of the Ohio and Muskingum rivers; they were so situated as to command the passage of the rivers. The mounds were perfectly regular, flat on the summit, and frequently a sort of excavation on the top of the summit. They were partly intended for the purposes of interment, and partly for places of worship; and probably the excavation found on the summit was a place where human sacrifices were made. Some of these works were very similar to the great tem-

ple at Cholula, in South America. These works were of very great extent, extending a length of 1000 miles, from the banks of the great lakes in Canada to the Gulf of Mexico, and filled all the most fruitful parts of North America. The heads he had spoken of as having obtained were taken from one of these circular mounds. The head in question, in common with all the heads taken from these mounds, differed from the Indian and European formation. There was less extension of forehead than in the European head, but it resembled it; the elevation of forehead being equal to the *Caucasian* race. The vertex also was uncommonly elevated. The seat of the organ of veneration seemed to be very much developed, and it was evident that they were a very religious nation, for there was evidence that they made many human sacrifices. The formation of the scull approached to the Peruvian. But the most remarkable fact was the flattening of the *occiput*, which gave the *cranium* a peculiarly rounded form, and some even were quite circular. The occiput also was almost always more flattened on the right side than on the left. Another peculiarity in these heads was that the palatine fossa was of a rounded form. The lower we descended in the scale of races, the nearer we approached the animal formation. They knew that in the animal formation the jaws were very elongated, which gave animals greater perfection in taste and smell. There was an approximation to the African race in a small degree in the North American Indian; but as we rose to the Caucasian race the palate was shorter and smaller; so that taste and smell were inferior in the Caucasian races. Animals probably had a power in discriminating noxious smells and herbs, which we had not.

After he had been in possession of these heads for a number of years, he was anxious to generalize his remarks. When he was expecting contributions from the interior part of the country—for the mounds were situated very far from the part where he lived—say a thousand miles—it was difficult also to obtain these bones, as many of them were found in a state of decomposition—he found, one morning, three heads lying on his table. He immediately examined them, and supposed them to be sculls of the Mound Indians. But a few days after, the gentlemen who had furnished them came to Boston, and said to him that these were the heads of Peruvians, and that they were taken from an island near the city of Lima, a place renowned amongst Peruvians, where Mango Copac was said to have descended from the Sun in order to enlighten the Peruvian race. He afterwards showed the sculls to Dr. Spurzheim, and he said they were all precisely of the same race. He perceived that the organ of constructiveness was peculiarly developed in all these heads. Inquiring further into the history of the Peruvian heads, he found three descriptions; one similar to the one he had been describing, having a flattened occiput, temples wide, and forehead particularly elevated. But there was another description much more common, which was of an oblong form, and very much resembled an egg in shape. In this, the occiput, instead of being compressed and flattened, was very prominent indeed. Then, there was a third kind of Peruvian head, which did not exhibit any marks of compression. The first kind were

all remarkably irregular, and wanting in symmetry. These heads had evidently been artificially flattened on the occipital and frontal part, and were well known to belong to the Inca race of Peruvians, as they were taken from the place where they were buried; and they also had some specimens of the people amongst them. [The lecturer here described that a whole family of the noble race of Inca had been buried with their clothes, and every part of them in a surprising state of preservation, just as they lived before the Spanish conquest. The tomb in which they were found, was circular, like a well, lined with bricks, and near the bottom a flat stone was put down, supported at the sides like a floor, leaving a large cavity underneath. The bodies were then put into the tomb upon this stone, and loose earth thrown over them. The cavity underneath the tomb drained off the water and damp, and thus the bodies were preserved.] Having traced the exact similarity between the Mound sculls and the Peruvian sculls of the Inca race, the conclusion was irresistible, that these two people had a similar origin. Now they were situated at a distance of 1000 or 1500 miles from each other, and the heads of the intervening nations were entirely different from the one or the other. At first this appeared to him very extraordinary. And here he might remark on the great importance of investigations by anatomists to point out the history of those nations which tradition did not hand down. There was a race between these two races, and they had heads almost as flat as a pancake. [A Peruvian head was here exhibited, which had been subjected to artificial compression, and which was nearly square, being perfectly flat behind, and nearly so on the forehead.] He must say, for the benefit of phrenology, that so far from the intellects of these flat-headed persons being inferior, the Indians who possessed them were quite equal in intelligence to others of the same nation. He had the head of a celebrated chief, who had a most extraordinarily flattened forehead, and he was known to have remarkable talent. In fact, no person was thought of any consequence in that country, unless he possessed a flat head.—[A laugh.] They then legitimately inferred, that these two nations were closely allied to each other—that was, the nations who had inhabited the mounds, and the Peruvians, because there was no resemblance between the heads of these nations, and any other heads that were known. He might conclude, with just intimating that there had been observed to be a resemblance between these two sets of heads, and the heads of the Hindoo race; the same rounded form, and similar smoothness in the bones of the head and face. The conclusion drawn was that the race of the Mound Indians was entirely dissimilar to the North American Indians; and second, that they were entirely similar to the Peruvian race, which would lead to the inference that these two were one race. The American Indians, he thought, had emanated from two different sources, one from the south part of America, and the other from the North West Coast.

Dr. Warren sat down amidst very loud and continued applause.

Dr. Roget here vacated the chair to Dr. Carson.

Dr. Logan would ask Dr. Warren if he considered the Peruvian and Mound sculls belonged to the same period of time?

Dr. Warren had no doubt that the sculls taken from the Mounds had much greater antiquity.

Dr. Logan.—They possess much more elevated frontal bones than the Peruvians, and he should therefore infer that they had a later source.

Dr. Warren said, the sculls were precisely alike in form.

Dr. Holland wished to ask whether the pressure made on the heads of the flat-headed Indians was entirely lateral?

Dr. Warren said, the pressure on the frontal bone was horizontal.

Dr. Logan would conceive that the forehead would be flattened by the same process as the occiput. If two pieces of wood were tied before and behind, the same pressure must flatten both.

Dr. Warren said that was a fair inference, but such was not the fact. He did not know how they managed the pressure.

Mr. Cull asked if there was any proof of pressure?

Dr. Warren said they had no facts or traditions from the Mound Indians, but it must be evident to any anatomist, that these heads must be artificially compressed, as there was nothing in nature like these irregular compressed heads. He had seen heads of South Sea Islanders, which exhibited a great degree of compression, but not of flattening.

Mr. Cull said it was stated, that the Caribs had their heads flattened by boards; but these had never been seen worn.

Professor Evanson begged pardon; such had been seen by travellers.

On the motion of Dr. M'Intosh, a vote of thanks was then unanimously passed, amidst loud applause, to Dr. Warren, for his very valuable communication.

A CASE OF STRABISMUS, WITH DOUBLE VISION AND AMAUROSIS.

BY EDWARD J. DAVENPORT, M.D., BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

Cases of Strabismus, from their frequency and the deformity they occasion, are often presented for medical advice and treatment. In nearly every instance, a careful examination will show in the strabismatic eye, a deficiency in the power of vision, more or less complete. In all cases the practitioner should ascertain, if possible, the cause and origin of the strabismus, and regulate the treatment accordingly. In the following case, the disease was recent and readily yielded to treatment.

Samuel Gass, house servant, thirty years of age, after a day of more than usual fatigue, was exposed, while sleeping, to a current of cold air upon the head and face. Upon rising in the morning, he noticed that the sight of the right eye was impaired, and that the dimness of sight was accompanied with double vision.

June 24th. All objects viewed with the right eye, appear to the patient as if seen through a mist or smoke, and upon turning his eyes either to the right or left, he has double vision, but when looking straight forward with both eyes, or with either separately, objects appear single. Vision of the left eye is unimpaired. Upon examination, it was appa-

rent that the antero-posterior axis of each eye was parallel when looking forward, but upon turning the eyes strongly to the right, the right eye was unable to concur in the motions of the other; for while the left eye turned towards the inner canthus of that side, the right eye was directed nearly forward—hence double vision, from want of correspondence in the action of the muscles of the eye-ball. To the same cause should be attributed the strabismus, which it may be observed was partial in degree, and was merely one of a train of morbid actions, symptomatic of disease of the eye-ball or appendages.

Upon inquiry, the patient denied having received any blow or other mechanical injury that could have produced any disease of the eye. General health, good. He was directed to take an active cathartic, and to have five or six leeches applied to the right temple daily. Entire rest for the eyes.

June 28th. Complains of considerable pain in the eye, chiefly in the morning and towards evening; the right eye-ball feels full and somewhat firmer than the left; there is likewise tenderness on pressure. The strabismus remains the same; the iris is moderately active, and the pupil natural in form and size. Apply leeches more freely, and take four grains of blue pill every night.

July 1. Eye feels less painful, and the strabismus has diminished; vision remains dim. Continue the blue pill, and have leeches applied pro re nata.

10. Since free bleeding by leeches, he has had no pain, and the eye seems to be gradually regaining its natural motions. Leeches to be applied if pain returns. Omit the blue pill.

20. Vision of the affected eye has become much clearer. Has applied leeches once or twice.

August 1. Vision is perfectly restored; a slight difficulty in turning the eye towards the inner canthus remains, but will undoubtedly wear off, as the muscles of the eye recover their full power.

No. 4 *Winter Street, Nov.* 1837.

AMPUTATIONS—NO SYSTEM IN AMERICA.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I noticed in a late number of your Journal some well-timed suggestions upon the subject of amputation, urging the necessity of settling the question with regard to the best method of performing that operation. Those suggestions would apply, with nearly equal force, to the operations for the radical cure of hydrocele.

The methods of performing the operation of amputation are almost as numerous as the operators themselves. The well-known fact that the operation will generally succeed when performed in any one of a great variety of ways, has induced surgeons to vary, from time to time, their mode of operating, and even to exercise their ingenuity in making improvements of their own. The preference is too apt to be given to

that method which leaves the parts in a state to heal in the shortest time, without duly appreciating the difference between a stump well cushioned with muscular substance, and one where the end of the bone is merely covered with skin. With the present facilities for acquiring a surgical education, a young man, when he enters the profession, feels himself competent to perform so plain an operation as amputation. An opportunity will at length present itself; he then begins to review his authorities; there he finds, in his best books, such a strange diversity of opinions on the subject, that he is constrained, after all, to make his own selection with regard to the method of operating. This is not only a source of embarrassment to him, but he is liable to combine in his operation the objectionable parts of two or more different systems. That some one method, other things being equal, is preferable to any other, there can be no doubt; and as surgeons are rapidly multiplying, it becomes the more necessary that this question should be permanently settled. An expert operator may occasionally deviate from established rules; he may bestride his hobby and amble away, as fancy may dictate, and this, too, with comparative safety, for, bolt or plunge, the rider generally comes upon his feet. But let the new beginner presume to mount the same hobby, he will be liable to turn a summerset when he least expects it. It is important for him, not only that every step of his operation should be clearly defined, but that a uniform method should be established on such high authority, as to leave as few things as possible to the discretion of the operator.

In the remarks referred to in the Journal, allusion is made to amputation at the joints. This circumstance brought to my recollection a case in which I was concerned several years ago. I was called to amputate both the great toes of a young lady in Pembroke, New Hampshire. The operation had been determined upon before I saw her, by men competent to decide the question. It was desirable, on account of distance, to remove both toes at the same time; but being aware that the operation would be attended with pretty severe pain, and not having entire confidence in the fortitude of the patient, I made the first incision on one toe, and left the operation unfinished till after the other toe had been removed. This was done that both operations might be completed at one sitting. This case presented a fair opportunity of testing the comparative advantages of operating at the articulation, or dividing the bone with the saw. I accordingly separated one toe at the joint above the nail; the other, at the centre of the phalanx above. I was unable to cover the ends of the bones as perfectly as I could have wished, but in this respect the two were very much alike. I then left the patient, and never saw her afterwards; but requested the attending physician, who was a very intelligent practitioner, to carefully note the progress of the two cases, and give me the result, which he afterwards did in writing. He informed me that the one separated at the joint healed sooner than the other; that it was attended with much less pain; that healthy granulations soon covered the surface of the cartilage, and that the cure progressed without interruption or trouble.

I have been thus minute in giving the details of this case, not that it

was in itself of much importance, but because it afforded an opportunity, which could very rarely occur, of trying both methods of operating on the same subject, on corresponding parts, and at the same time; and subsequent experience has induced me to prefer separating the small bones of the feet and hands at the articulation, rather than by the application of the saw, whenever circumstances would allow me to make my selection. X. X.

Billerica, Nov., 1837.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 22, 1837.

MARINE HOSPITAL, CHELSEA.

Last week there were seventy patients in ward, among which were four cases of scurvy, well marked; three of enlargement of the spleen; and one of perceptible abscess of the liver. These are all comparatively rare diseases at the north, and we hope, therefore, that the physicians of the city found time to visit the institution. Every student at the college should avail himself of the opportunity of examining the Chelsea Hospital, in which there is always a rare exhibition of the maladies of all countries with which the port of Boston holds a maritime intercourse. Dr. Stedman, the surgeon, has invariably expressed a perfect willingness to oblige those who manifest a desire to profit by what he has it in his power to show them.

Electro-Magnetic Power.—Mr. Davenport, now, we believe, in New York, and Dr. Page, of Salem, have both been anticipated in what are here considered discoveries, viz., the propulsion of machinery by electro-magnetic influences. Dr. O'Shaughnessy, of Calcutta, exhibited at a scientific meeting, on the 3d of January last, a working model of his machine, which appears to have been altogether superior to the models shown by the above-named gentlemen, at the late fair in Boston. A plan, together with engravings, illustrating the construction of Dr. O' Shaughnessy's surprising invention, may be seen in the tenth number of the India Review, conducted by Dr. Corbyn, page 460.

Dr. Rankin, Officiating Secretary of the Medical Board of Calcutta, has also made what is considered an important discovery—a method by which steamboats may give notice, *themselves*, when shoals or any other obstructions are in the way of the boat. An account of this may be found in the same work.

Boston Eye Infirmary.—We notice a sign in Winter street, pointing to this new establishment. It is not intended, we understand, to be a rival to the Massachusetts Charitable Eye and Ear Infirmary, but is intended for a private institution—there being business for both, without at all interfering with each other. It was projected by Dr. Edward J. Daven-

port, formerly attached to the other, but now in private practice. He is a worthy man, and a judicious medical adviser. Desiring, above all things, a multiplication of the means of contributing to the relief of the blind, no one at all interested in the progress of medical philanthropy could object to the creation of as many eye infirmaries as the community demand.

Preservation of Animal Bodies.—About a year and a half ago, Lieut. Col. Bagnold presented, at a meeting of the Asiatic Society, a piece of beef and a human hand, preserved in vegetable tar, brought from the vicinity of Mocha, on the borders of the Red Sea. The article is manufactured in most parts of Syria and Arabia Felix, by subjecting a small tree, growing there, to a considerable degree of heat. The Arabs call it *katraan.* In conversation with some Bedouin Arabs, Col. Bagnold was led to suspect that this was the identical substance used in Egypt for embalming, having, perhaps, camphor, &c. combined with it. When the thermometer ranged at 94 degrees, in the month of July, he made experiments with fowls and legs of mutton, which were highly satisfactory, and all tended to convince him of the antiseptic properties of the tar.

On a careful inspection of several Peruvian bodies recently brought to this city, by Mr. Blake, who opened an ancient stone vault, from which they were taken, all being in a sitting posture, we are satisfied that they are actually mummies. The odor of tar is strikingly perceptible, and the bones seem to be saturated with a black, adhesive fluid. With these facts before us, of the property of tar in Syria, and its presumable use in embalming in South America, perhaps a thousand years before the Indians or Tartars reached this part of the continent from the north, we ask our professional brethren to commence a series of experiments with the common tar of the country, with a view to ascertaining its antiseptic and preservative powers.

Mortality of Military Men in the Bengal Army.—In the last twenty years, there have died one thousand one hundred and eighty-four officers of the Bengal Army, or 59.2 per annum, out of an average number of 1897 persons, or about 31.2 per cent. The mean ages of the deceased were as follows—viz., 81 colonels, whose mean age was 61 years; 97 lieut. colonels, at 51; 78 majors, at 40; 277 captains, at 36; and 651 subalterns—the mean age not ascertained, but ranged from 18 to 33. The extreme age of the oldest pilot acting under orders of the Marine Board, has been only 47 years, the mean age of all who have died in the government service, being 44. The oldest pilot on the list served only 30 years.

Effects of Ardent Spirits on Infusoriæ.—At one of the scientific parties given at Lord Auckland's, at the government house, Calcutta, which are exceedingly popular, in January last, Mr. Prinsep and Dr. Weiler exhibited the astonishing powers of the ox-hydrogen microscope. Amongst other exhibitions with that instrument, living infusoriæ were seen in common drinking water, contending with, and destroying each other with marvellous activity. A little brandy was introduced, upon which they immediately fell to the bottom, unable to resist its potency.

Medical Prize Fund in India.—A native gentleman, apparently a man of great wealth, judging from his various acts of liberality, whose name is Dwarkanauth Tajore, presented in March, 1836, to the Medical College established at Calcutta, the annual sum of 2000 rupees, for three successive years, to be distributed in the form of prizes to native students of medicine. Another native has offered the prize of 1000 rupees to any medical gentleman who shall succeed in extracting stone from the bladder without pain and cutting. The editor of the India Medical Journal remarks that this is encouragement to the profession to improve in the present mode of lithotomy, and to study animal magnetism.

A Case of Suicide is related by Dr. Isaac Parrish, in the November number of the American Journal of the Medical Sciences, which is remarkable as having been committed by a girl in her fifteenth year, apparently from no other cause than having recently read of several instances of suicide, and having been in the same house where the crime was committed a few months previous. It was proved that the patient bought half an ounce of arsenic at an apothecary's shop in the neighborhood, two days previous to her death, and nearly that amount of it was found in the stomach after death. It was also proved that she mentioned, in the morning, having read an account of suicide by the same means. This case tends to confirm what has long been thought true—that the great publicity which is given, through the medium of the newspapers, to nearly every case of suicide that occurs, is productive of incalculable mischief, and ought not, therefore, to be continued.

Treatment of Paralysis.—M. Jobert, of the Hopital St. Louis, Paris, has lately revived the treatment of paralysis by the actual cautery. Several striking cases are published, showing his success with this mode of treatment. In a case of complete paralysis of the arm, the red hot iron was gently drawn from the superior boundary of the disease, down along the inner side of the deltoid muscle as far as its insertion, and then along the external margin of the same muscle, uniting the two lines by two or three transverse sections. The surface was afterwards dressed with linen steeped in oil, as a protection from friction of the clothes. The cautery was not allowed to penetrate deeper than the surface, the object being merely to produce a shock on the nerves of the extremity. In this case the remedy was applied five several times, and the patient was discharged, cured, on the twenty-sixth day after admission.

A new mode of vesication, as a remedy in the same complaint, has been practised in the French provincial hospitals. The blister is raised, on the extremity affected, in the following manner. A piece of brown paper, of the size and shape of the desired blister, is moistened with water and placed on the affected limb. A common smoothing iron, previously well heated, is then applied over the moistened paper, which produces a vesicated surface almost instantaneously, by means of the steam generated by the contact of the hot iron and wet paper. This method is said to be less painful, and is certainly more expeditious, than that commonly adopted.

Aconite in Headache.—Mr. Radley, of Dover, in England, has been very successful in the use of the monks-hood (aconitum napellus) in

cephalalgia. The form in which he has used it is the simple extract made from the inspissated juice expressed from the bruised leaves of fresh gathered plants, in the latter end of May, just before the time of flowering, poured into shallow vessels of earthen ware, and allowed to evaporate slowly in the shade in warm weather. The following was his prescription in one case. R. Ext. acon. ℈ij.; powdered liquorice sufficient to make 20 pills. One or two to be taken at night. The cases of headache in which he mostly uses it are those of idiopathic cephalalgia, true nervous headache, not dependent on other causes. Mr. R. justly urges upon medical men greater attention to the *indigeni* of their neighborhood and country—a long-neglected department of the healing art, which ought to resume its natural and important place in the pursuits of medical men. "When the qualities of vegetable substances are known, true it is that chemistry modifies them, and, in some cases, arms them with increased powers of assuaging suffering; but still, to obtain the basis of our knowledge, we must rely on botanical research."

Medical Miscellany.—Dr. D. C. Perry has opened rooms at Woodstock, Vt., for the study of surgical, pathological and recent anatomy.—The Western Medical Reformer would have more success in the great work it proposes in medical reformation, if its pages were enlivened by more practical matter, and of a better quality, than usually appears there; and besides, the articles are insufferably *long*. All this is said in kindness, though we feel no sort of interest in the extension of the doctrines it inculcates.—Dr. Charles G. Putnam has been appointed Attending Physician of the Lying-in Hospital.—Dr. Francis Moran, of Newton, N. J., recently extracted a cent from the throat of a man, after it had been transfixed six days in the lower part of the pharynx.—Washing the hands in a solution of alum prevents any bad effect upon the health of dissectors, it seeming to neutralize the poison of anatomical subjects, which is sometimes fatal, when a small quantity of matter is absorbed by the wound of a cut finger. This discovery goes to the credit of Dr. Macartney.—There are just one hundred and twelve practitioners of medicine in Boston, belonging to the Medical Association; besides which, the irregular pretenders to physic and surgery border upon a legion.—A public advertisement, dated at the beautiful town of Brighton, a few miles from Boston, says—"Physician wanted, who will devote his time to the duties of his calling, instead of employing it in officious interference with the avocations of the citizens."—Seventy-five students are in attendance at the Berkshire Medical College.—The India Journal of Medical and Physical Science, published in Calcutta, and edited by F. Corbyn, Esq., contains many articles from our Journal of last year. Among them we notice Dr. L. V. Bell's Cases in Pathological Anatomy, Dr. Gillespie's Case of Fracture of the Maxillary Bone, the Review of Louis on Bloodletting, Dr. Hall's Treatment of Inflammation of the Lungs, Dr. West's Case of Animal Magnetism (under the head of important discovery), beside editorial remarks.—The Thomsonians are holding a convention in Providence, R. I., consisting of delegates from most of the New England States and New York. Thomson, the founder of the system, is also present.

Died,—At Monroe, La., Dr. James W. Mason, formerly of Cambridge.—In London, Dr. Uwins, an aged and respectable practitioner, though for the last few years of his life he has been a disciple of Hahnemann.

Whole number of deaths in Boston, for the week ending Nov. 18, 40. Males, 16—Females, 24.
Consumption, 7—intemperance, 1—drowned, 1—inflammation of the brain, 1—palsy,—apoplexy, 1—croup, 2—marasmus, 1—inflammation of the intestine, 1—old age, 3—dropsy on the brain, 1—typhus fever, 3—convulsions, 2—cachexia, 1—cholera infantum, 1—dropsy, 4—inflammation of the bowels, 1—measles, 1—scarlatina, 1—hæmorrhage, uterine, 1—sudden, 1—stillborn, 4.

MEDICAL SCHOOL OF MAINE.

THE Medical Lectures at Bowdoin College will commence on Monday, the 19th of February, 1838.
Anatomy and Surgery, by JOSEPH ROBY, M.D., late Demonstrator of Anatomy in the Medical School of Harvard University.
Theory and Practice of Physic, Obstetrics and Medical Jurisprudence, by JAMES M'KEEN, M.D.
Chemistry and Materia Medica, by PARKER CLEAVELAND, M.D.
The Anatomical Cabinet and the Library are annually increasing.
Every person, becoming a member of this institution, is required previously to present satisfactory evidence of possessing a good moral character.
The amount of fees for the lectures is $50. The lectures continue three months.
Degrees are conferred at the close of the lecture term in May, and at the following Commencement of the College in September.
Professor M'KEEN, who has been absent during the last year, visiting the hospitals of Great Britain and France, will return to this country before the commencement of the lectures.
P. CLEAVELAND, *Secretary.*

Brunswick, Oct. 1837. Nov. 8—eop6t

MEDICAL INSTRUCTION.

THE subscribers have associated for the purpose of giving medical instruction. A convenient room has been provided for this purpose, which will be open to the students at all hours. They will have access to an extensive medical library, and every other necessary facility for the acquirement of a thorough medical education.
Opportunities will be offered for the observation of diseases and their treatment in *two* Dispensary districts, embracing Wards 1, 2 and 3, and *in cases which will be treated at the room daily.*
Instruction will be given by clinical and other lectures, and by examinations at least twice a week.
Sufficient attention will be paid to Practical Anatomy.
For further information, application may be made at the room, over 103 Hanover street, or to the subscribers.

EPHRAIM BUCK, M.D.
ASA B. SNOW, M.D.
E. WALTER LEACH, M.D.
HENRY G. CLARK, M.D.
JOSEPH [illegible]LARTY, M.D.

Boston, August 9, 1837.

LECTURES ON THE DISEASES OF THE EYE.

DR. JOHN JEFFRIES will deliver a course of Lectures on the Anatomy and Diseases of the Eye, at the Massachusetts Eye and Ear Infirmary, corner of Pitts and Green streets, to commence on the eighth day of November. Apply to DR. JEFFRIES, No. 9 Franklin street, or at the Infirmary, any day, at 11 o'clock, A.M.
Nov 1—eop3t

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:
The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry,	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica,	"	DR. WARE.
On the Principles and Practice of Surgery,	"	DR. OTIS.
On Anatomy,	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.
The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.
Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Oct. 18—tf

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS by return mail, on addressing the editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which, no letter will be taken from the post office. Oct. 25.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D. Editor.—Price $3,00 a year in advance, $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every seventh copy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a Newspaper.